



LICENSE APPLICATION FOR PROFESSIONAL ATHLETICS

FOR VALIDATION ONLY

Check one:

- | | | |
|---|--|---|
| <input type="checkbox"/> Referee – \$15.00 | <input type="checkbox"/> Matchmaker – \$40.00 | <input type="checkbox"/> Second – \$15.00 |
| <input type="checkbox"/> Physician – \$40.00 | <input type="checkbox"/> Announcer – \$40.00 | <input type="checkbox"/> Timekeeper – \$40.00 |
| <input type="checkbox"/> Judge – \$40.00 | <input type="checkbox"/> Inspector – \$40.00 | <input type="checkbox"/> Manager – \$40.00 |
| <input type="checkbox"/> Boxer – \$15.00 | <input type="checkbox"/> Wrestling Participant – \$15.00 | |
| <input type="checkbox"/> Martial Arts Participant – \$15.00 | | |

Make remittance payable to:
STATE TREASURER

INSTRUCTIONS: One photo must accompany application. Photo is for identification purposes. Physical is required for Referees, Boxers, Wrestling participants, and Martial Arts participants.

APPLICANT INFORMATION

Please type or print clearly

Applicant Name	Last	First	Middle	Ring Name
Address (PO Box or Street)				
City		State	Zip	County
Telephone (During Business Hours) ()		Social Security No. (Required per RCW 26.23.150)		
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Month, Day, Year)		

APPLICANT PERSONAL DATA

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ YES ☐ NO
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ YES ☐ NO
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ YES ☐ NO
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ YES ☐ NO

Please attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

APPLICANTS FOR PHYSICIAN'S LICENSE ONLY

License No. _____ Jurisdiction of License _____

Boxing and Martial Arts Participants



Amateur Record:

Wins _____	Wins by KO _____	Wins by TKO _____
Losses _____	Losses by KO _____	Losses by TKO _____
Draws _____	Disqualifications _____	

Professional Record:

Wins _____	Wins by KO _____	Wins by TKO _____
Losses _____	Losses by KO _____	Losses by TKO _____
Draws _____	Disqualifications _____	

Pro Debut:

Must provide a written statement from Trainer/Manager detailing competition history and current training status.

I declare under penalty of perjury under the laws of the State of Washington, that all answers given on this application are true and correct. Further, I understand that any misstatement of the fact on this application will constitute grounds for disciplinary action.

X _____
SIGNATURE OF APPLICANT

DATE